



Sherman PD Lock Box Application



General Information

Participant's name: _____ Date of Birth: _____ Sex: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Other occupants living at the home: _____

Pet(s) in the home: _____

Reason for Application

- I am 60 years of age or older, living alone, or alone on a frequent basis.
- I have a medical condition that is potentially incapacitating and I live alone or I am alone on a frequent basis.

Medical Condition

Describe your medical condition: _____

Doctor's Name: _____ Phone Number: _____

Emergency Notification Information

Primary Emergency Contact Name: _____ Phone: _____

Alternate Contact Name: _____ Phone: _____

Waiver

By participating in the Senior Lockbox Program, I authorize the Sherman Police Department or the Sherman Fire Department to install a key lockbox on my home and to enter my home for emergency purposes only. In consideration for my participation in and benefitting from this Program, I agree to indemnify and hold harmless the City of Sherman, its elected and appointed officials, officers, employees, and representatives from any and all actual or alleged claim, demand, lawsuit, liability, loss, damage, injury, or death including all reasonable costs of defense, arising out of or in any way relating to my participation in this Program.

Participant's Signature: _____ Date: _____

Department Use Only

Lock # _____ Combination _____ Date Installed _____ Date Removed _____

Box Location _____ Key opens which door _____ Installed by _____